

FILED AUG 7 1943

Registration District No. 2416

Primary Registration District No. 5339 5350

Registrar's No. 68

1. PLACE OF DEATH:

(a) County Dallas

(b) City or town Rural Lincoln Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____ years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dallas

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Lincoln Twp.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Rutus Franklin Looney

(b) If veteran, name war none

(c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month June day 3
year 1943 hour 9 minute 30 P.M.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Etta Belle Looney

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased March 24 1886
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 2 to June 3 1943
and that death occurred on the date and hour stated above.

8. AGE: Years 57 Months 2 Days 9
If less than one day hr. _____ min. _____

Immediate cause of death Stroke, Unprovoked

Duration 6 mo

9. Birthplace Dallas County Missouri
(City, town, or county) (State or foreign country)

Due to Stroke, Unprovoked

Due to Stroke, Unprovoked

10. Usual occupation Blacksmith

Other condition (Include pregnancy within 3 months of death)

11. Industry or business _____

Major findings: Of operations _____

MOTHER FATHER { 12. Name UNKNOWN

13. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

14. Maiden name ETTA LOONEY

15. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Etta Belle Looney

22. If death was due to external causes, fill in the following:

(b) Address Urbana Mo.

(a) Accident, suicide, or homicide (specify) _____

17. (a) Burial (b) Date thereof June 5 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(b) Date of occurrence _____

(c) Place: burial or cremation Banner Chapel

(c) Where did injury occur? _____
(City or town) (County) (State)

18. (a) Signature of funeral director Vaughan + Keser

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(b) Address Urbana Mo.

While at work? _____ (Specify type of place)

19. (a) 6/5/43 (b) Allen Dawson
(Date received local registrar) (Registrar's signature)

(e) Means of injury _____

23. Signature D. G. Flores (M. D. or other) MD
Address Urbana Mo Date signed 6/4/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7,

District Elix. Number 7-43-752

Dist. File No. 8-6-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Ronald L. Griffin*

Licensed Embalmer No. 3053

P. O. Address Warsaw Me.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.